

Name
in
Full

Edna Black

CERTIFICATE OF DEATH

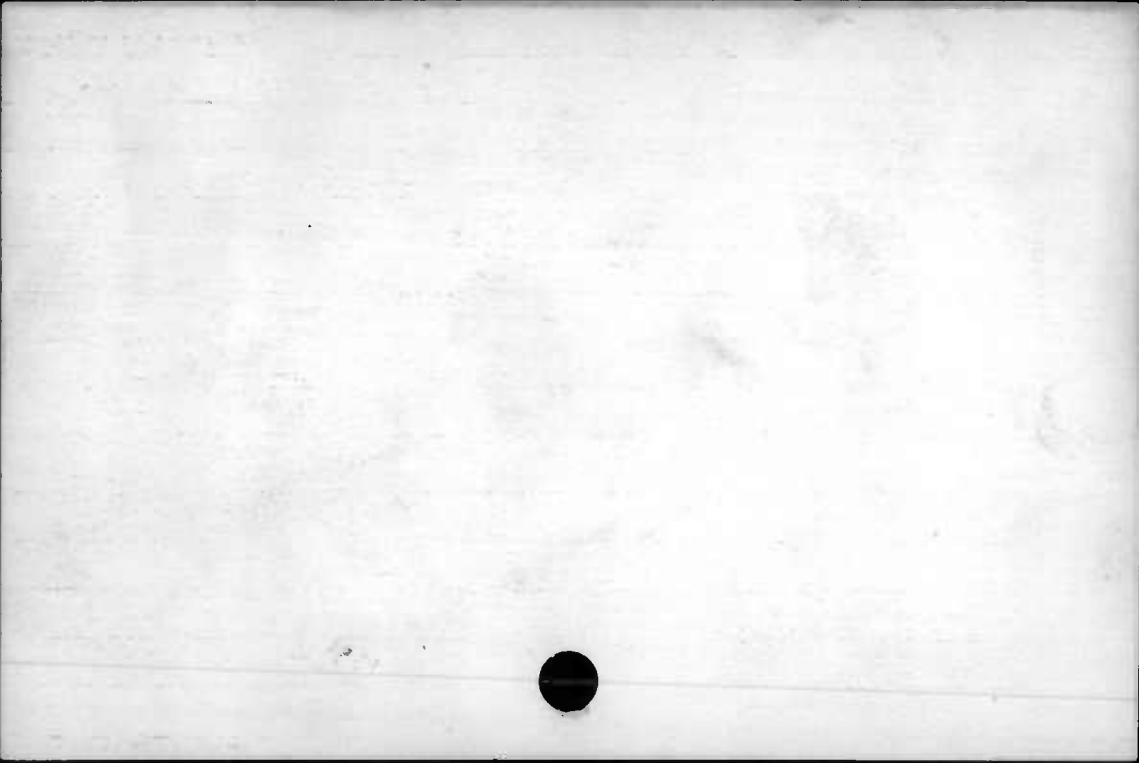
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>June</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>11</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co</i>		
Occupation <i>School</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Joseph Black</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Clara Smallwood</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Joseph Black</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Peritonitis</i>	How long <i>4 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>4 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Smith</i>
	Address <i>Fairlee Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Baby Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coleman Town		Kent County		MARYLAND	
Date of death 1905	Month June	Day 22	Age — Years	Months —	Days 3
Sex Male		Color or Race Black		Birth-place md	
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name George Brooks.			Father's Birthplace md		
Mother's Maiden Name Bulah Brown			Mother's Birthplace md		
Name of person giving information Clarence Brown			How related to deceased Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary natural causes,	How long (17/2)
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Wm. S. Maxwell.
Yes.	Address Still Pond, Md.
Accident or Suicide?	

Callum - 1.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Barter</i>		Town <i>Worton</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death <i>1905 June 12</i>		Age <i>48</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co., Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, <i>Yes</i>		Name of Wife or Husband <i>Wm. D. Barter</i>					
Father's Name <i>Richard L. Rasin</i>		Father's Birthplace <i>Kent Co., Md</i>					
Mother's Maiden Name <i>Isabelle Jones</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>W. F. Jones + Mrs. A. Dwyer</i>		How related to deceased <i>Bro. in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mary Barter</i>	How long	<i>43</i>
Immediate	<i>As thestia Septicemia</i>	How long	<i>One year</i>
Are the name, age, sex, color, date, and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. L. Dodd B.</i>	
		Address <i>Christtown, Md</i>	
Accident or Suicide? <i></i>			

Still Pond

Name in Full		Mary P. Chambers				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND					
	Colesman				Kent Co md							
	Date of death	1905	Month	June	Day	13	Years	1	Months	3	Days	—
	Sex	female		Color or Race	black		Birth-place	md				
	Occupation	—				Where Residing if not at place of death			—			
	Married, Single or Widowed	—		Name of Wife or Husband		—						
	Father's Name	Henry Chambers					Father's Birthplace	md				
Mother's Maiden Name	Mary White					Mother's Birthplace	md					
Name of person giving information	Henry Chambers					How related to deceased	Father					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary						How long					
	Immediate	Consumption					How long					
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	L. P. Atwell M.D.				
							Address	Still Pond md.				
	Accident or Suicide?											

Coleman

Name
in
Full

Edith Mabel Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockface</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> -	Month <u>June</u>	Day <u>2</u>	Age <u>2</u>	Months <u>1</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Geo. Edward Coleman</u>			Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Effie E. Stevens</u>			Mother's Birthplace <u>Baltimore City</u>		
Name of person giving information <u>Geo. E. Coleman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Complication of the lungs</u>	How long <u>one week</u>
Immediate <u>Exhaustion</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter O. Kelly</u>
	Address <u>Rockface Kent Co.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

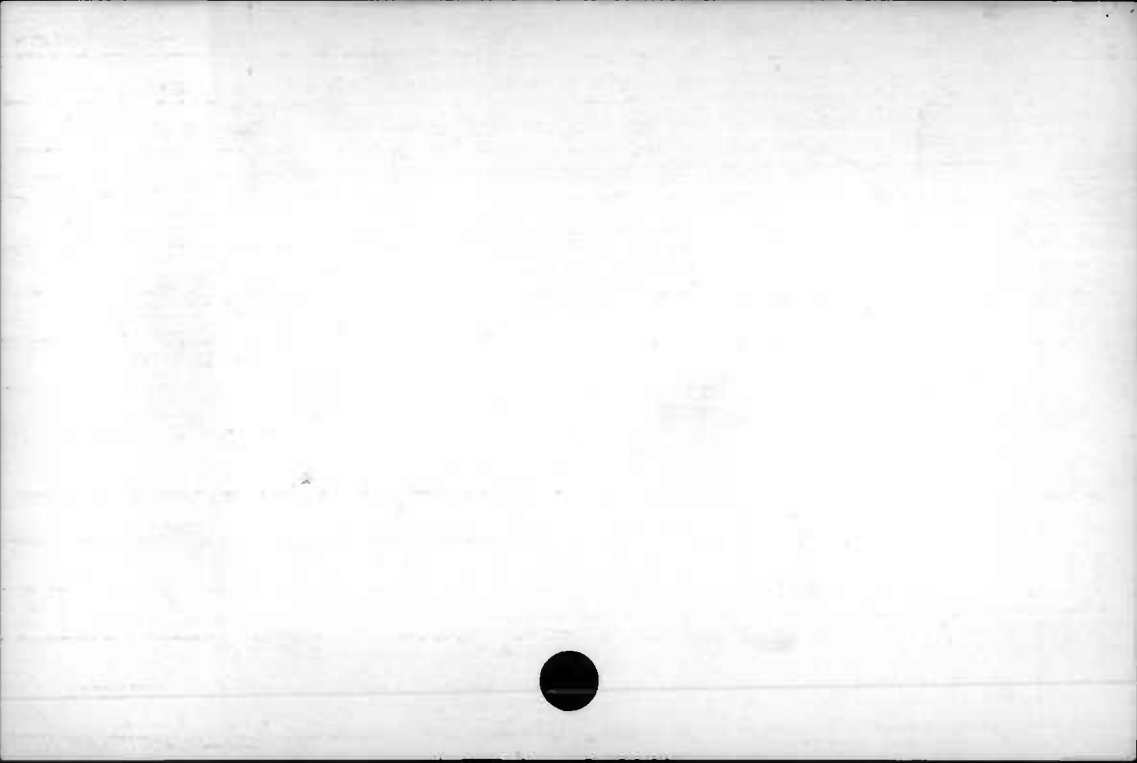
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dorchester</u> Town		<u>Kent</u> County			
Date of death <u>1905</u>		Month <u>June</u>	Day <u>15</u>	Age <u>—</u> Years	Months <u>7</u> Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Matthew Caven</u>		Father's Birthplace <u>Kent Co</u>			
Mother's Maiden Name <u>Mary Waller</u>		Mother's Birthplace <u>Kent Co</u>			
Name of person giving information <u>Matthew Caven</u>		How related to deceased <u>Son</u>			

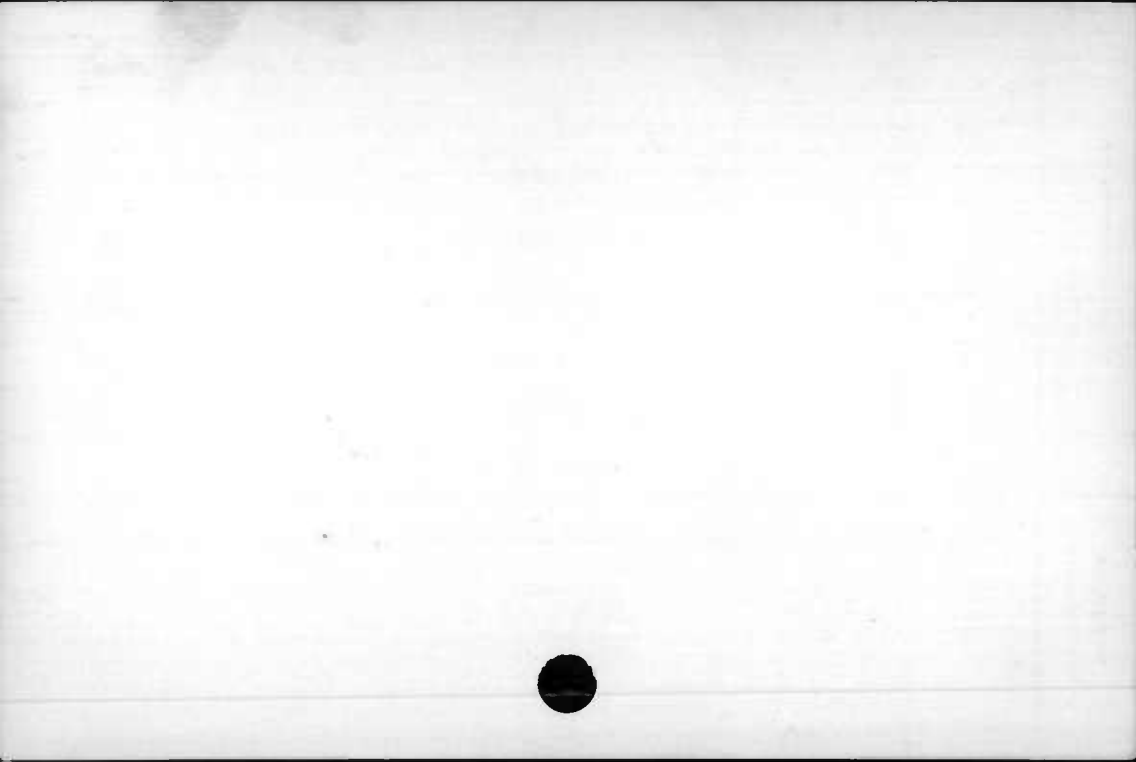
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u>	How long <u>2 wks</u>
Immediate <u>Strangulation</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank W. Smith</u>
	Address <u>Dorchester</u>
Accident or Suicide?	



Name in Full Charles Davis		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chestertown <small>Town</small>		Xenia <small>County</small>
	Date of death 1905 <small>Month</small> June <small>Day</small> 18		Age <small>Years</small> 7 <small>Months</small> 7 <small>Days</small>
	Sex Male	Color or Race Col	Birth-place Md
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name Frank Mitchell	Father's Birthplace Md	
	Mother's Maiden Name Martha A Davis	Mother's Birthplace Md	
Name of person giving information Martha A Davis	How related to deceased Mother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Influenza neonatorum	How long One day	
	Immediate Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. G. Jumper	
		Address Chestertown	
	Accident or Suicide? No		



Name
in
Full

Sarah Diggs

CERTIFICATE OF DEATH

MARYLAND

Died at *Chester Town* ^{Town}*Kent* ^{County}Date of death *1905* ^{Month} *June* ^{Day} *6*Age *60* ^{Years}

Months

Days

Sex *female*Color or Race *Colored*Birth-place *Kent Co*Occupation *Not employed*Where Residing if not at place of death *Chester town*Married, Single or Widowed *Married*Name of Wife or Husband *Furman Diggs*Father's Name *Derry*

Father's Birthplace

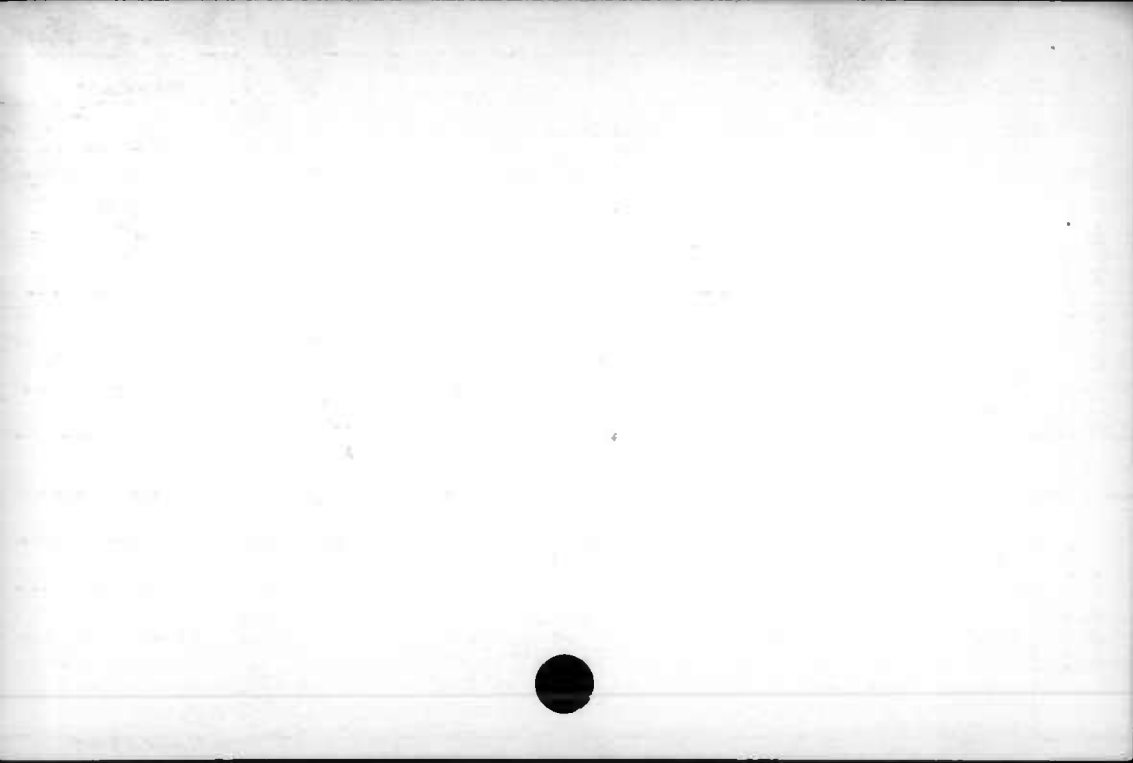
Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Furman Diggs*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Valvular heart lesion*How long *2 years*Immediate *Sudden attack of Cardiac asthma*How long *1 hour*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. Benge Simmons*Address *Chester town*Accident or Suicide? *No.**Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Joseph Harris

CERTIFICATE OF DEATH

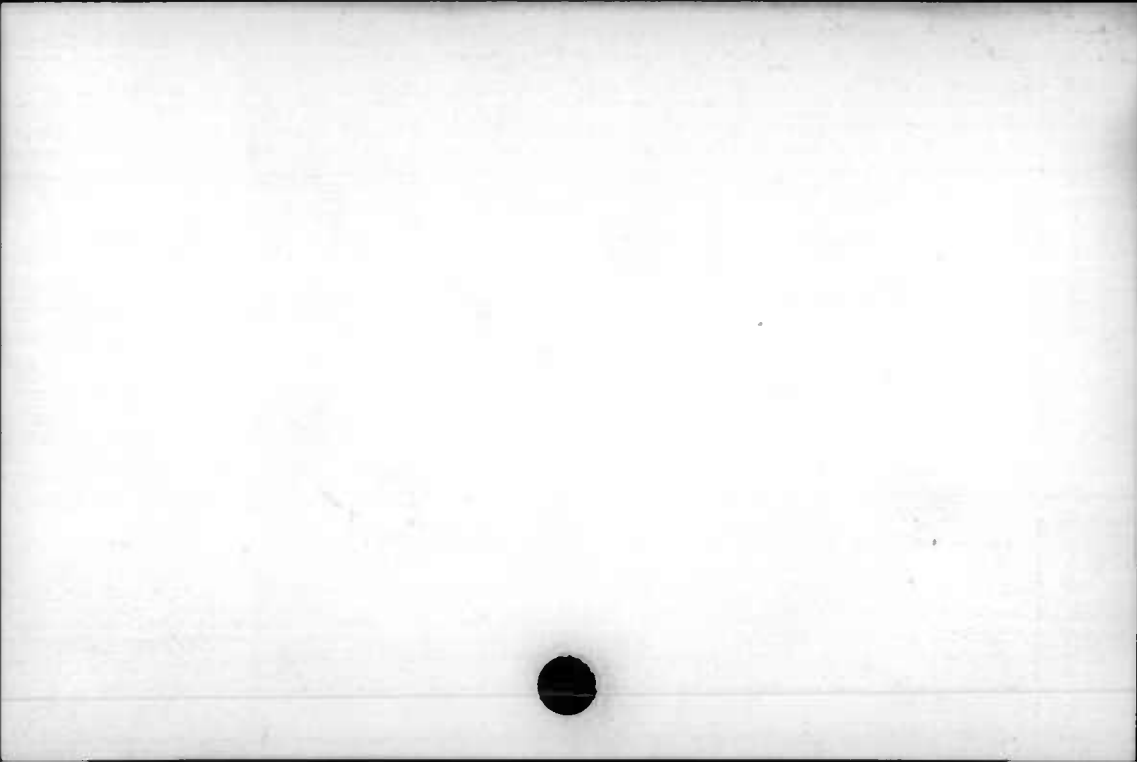
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> Town		<u>Hunt</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>June</u>	Day <u>23</u>	Age <u>40</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>Cook</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>A. L. Harris</u>			How related to deceased <u>father of Race</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Alcoholism - Insane</u>	How long <u>15¹/₂</u>
Immediate	<u>Drowned</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>acting Dr. A. L. Harris</u>
		Address <u>Worton Md</u>
Accident or Suicide? <u>Suicide</u>		<u>R. F. H. 202</u>



Name
in
Full

Matilda Higgins

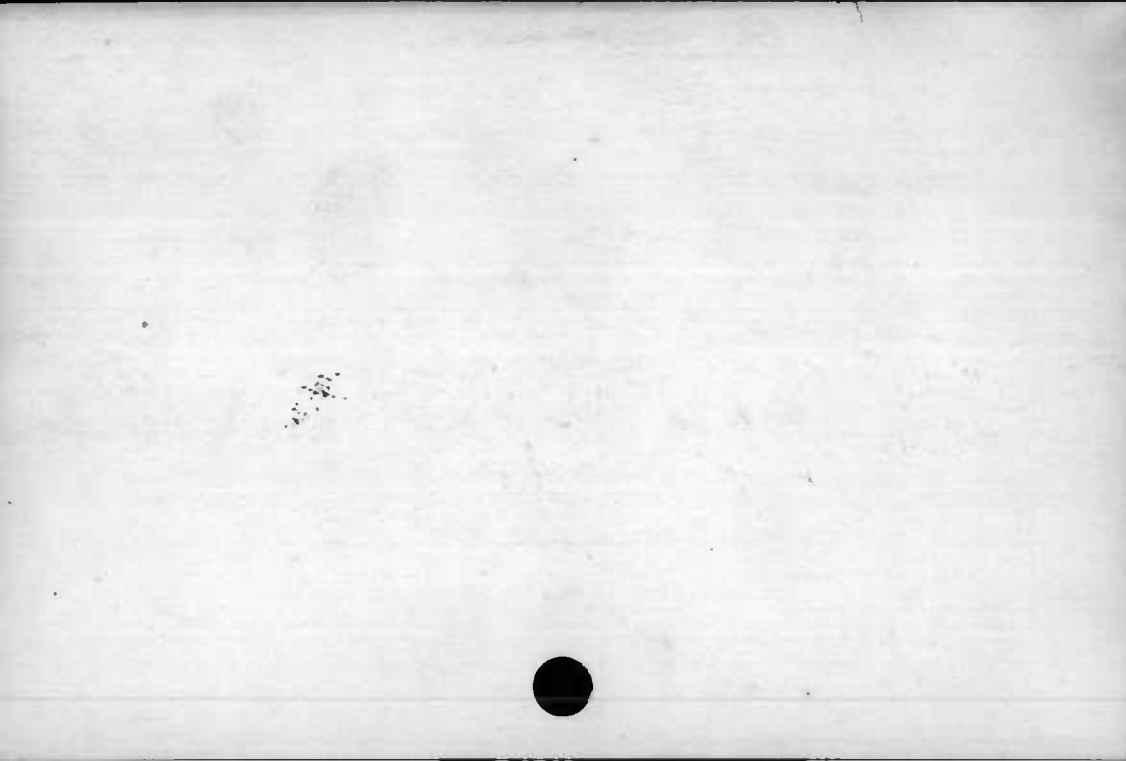
CERTIFICATE OF DEATH

Died at Finny Neck ^{Town}		Kent ^{County}		MARYLAND	
Date of death 1905 June ^{Month}		19 ^{Day}		44 ^{Years}	
18 ^{Months}		11 ^{Days}			
Sex Female	Color or Race White	Birth-place Kent Co Ma			
Occupation House Wife		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband James Higgins			
Father's Name Edward Beck		Father's Birthplace Maryland			
Mother's Maiden Name Merry E. Webb		Mother's Birthplace "			
Name of person giving information James Higgins		How related to deceased Husband			

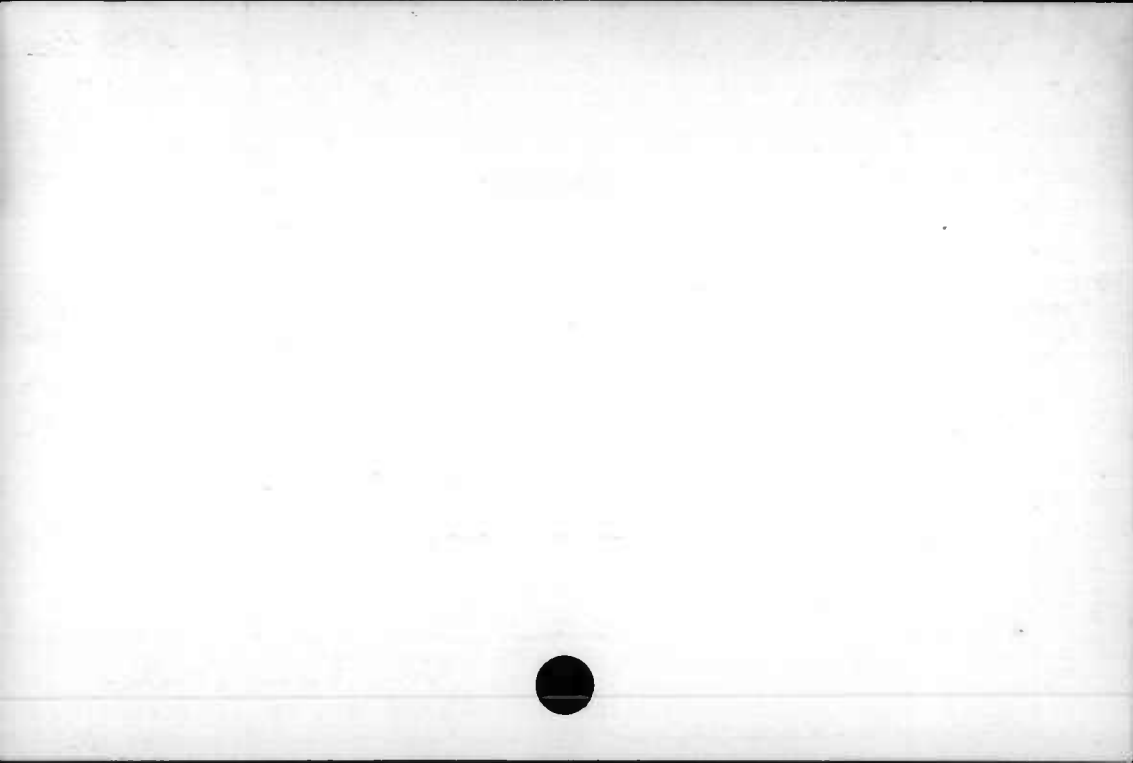
CAUSES OF DEATH

Primary Cerebral	How long 8 weeks
Immediate Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Walter O. Kelly
	Address Rock Hall Md
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Town		County				
		Died at <i>Pomona</i>		<i>Kent</i>				
		Date of death		Month	Day	Years	Months	Days
		1905		June	15	Age 25		
		Sex	Color or Race	Birth-place				
		female	Colored	Kent Co				
		Occupation	Where Residing if not at place of death					
		Unemployed	Pomona					
Married, Single or Widowed		Name of Wife or Husband						
Married		Geo Houston						
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						
Geo Houston		Husband						
CAUSES OF DEATH								
Primary		How long						
Gastric Ulcer		Perhaps 2 months						
Immediate		How long						
"		acute illness 1 week						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician						
yes		H. Benge Simmons						
		Address						
		Chester town Ind						
Accident or Suicide?								
no								



Name
in
Full

Alton Hubbard

CERTIFICATE OF DEATH

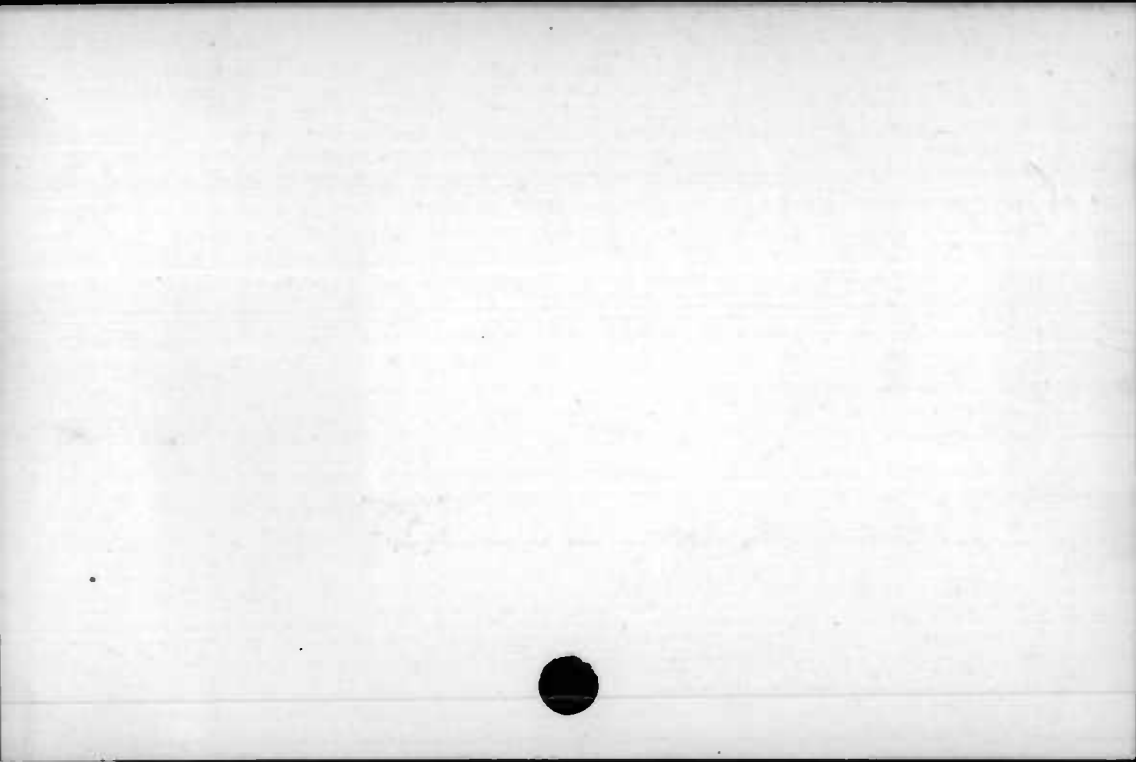
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rock Hall ^{County} Md Kent		MARYLAND				
Date of death 1905	Month June	Day 15	Age —	Years —	Months 3	Days —
Sex Male	Color or Race White	Birthplace Maryland				
Occupation —	Where Residing if not at place of death "					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Tilghman Hubbard	Father's Birthplace Kent Co Md					
Mother's Maiden Name Della Jones	Mother's Birthplace " " "					
Name of person giving information Tilghman Hubbard	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease	How long One day
Immediate Exhaustion	How long One hour
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. D. Seely
	Address Rock Hall, Kent Co
Accident or Suicide?	



Name
in
Full

Sarah Jeffers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} MillingtonCounty ^{County} KentDate
of death 1905

Month 6

Day 20

Age

Years

Months

Days 7

Sex

Female

Color or
Race

Black

Birth-
place

Millington

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Jeffers

Father's
Birthplace

Millington

Mother's
Maiden Name

Sarah Ricketts

Mother's
Birthplaceman
millingtonName of person giving
information

albert Jeffers

How related
to deceased

father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. W. H. Jacobs

Millington Md

Accident or Suicide?

Reported July 1st 1905

Name

in
Full

Lottie Johnson

CERTIFICATE OF DEATH

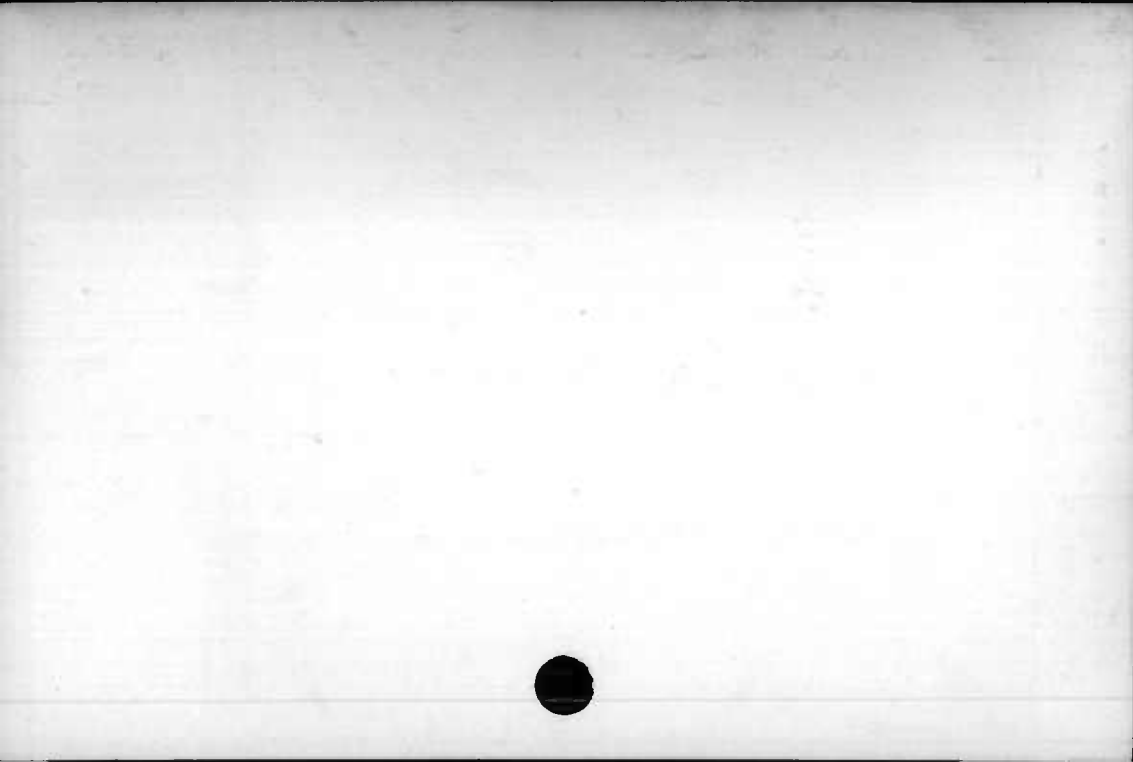
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>9</i>	Years <i>1</i>	Months <i>3</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>D. A. Co Md</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>D. A. Co Md</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John Henry Johnson</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Mary Lizzie Perkins</i>			Mother's Birthplace <i>Cele Co Md.</i>		
Name of person giving information <i>J. H. Johnson</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 months</i>
Immediate <i>Heart Disease</i>	How long <i>only</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. H. and Mrs. Johnson</i>
	Address <i>Charleston Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

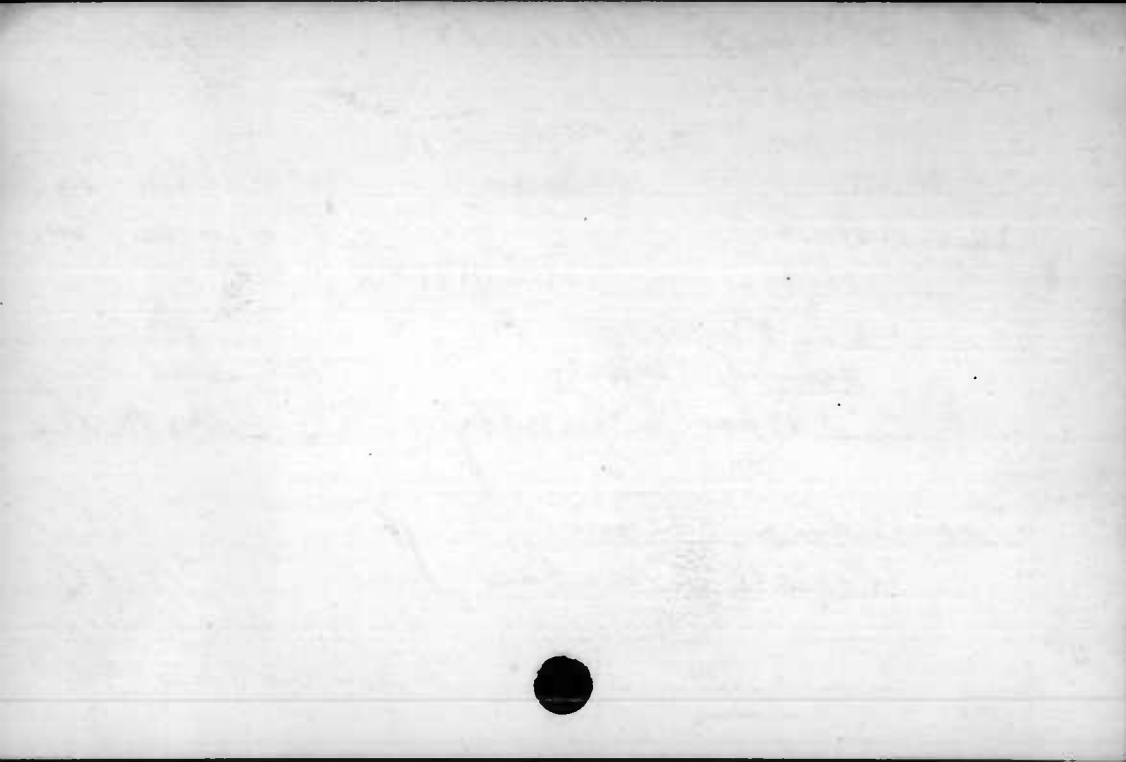
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town} <i>200</i>		<i>West</i> ^{County}		MARYLAND	
Date of death <i>190</i> ^{Month} <i>June</i> ^{Day} <i>9</i> ^{Years} <i>37</i>		Age <i>37</i>		^{Months} <i>—</i> ^{Days} <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Eckman MD</i>	
Occupation <i>Amuse Work</i>		Where Residing if not at place of death <i>Charleston MD</i>			
Married, Single or Widowed <i>74</i>		Name of Wife or Husband <i>Bertie Hopkins</i>			
Father's Name <i>Jas P Muitt</i>		Father's Birthplace <i>'pro'</i>			
Mother's Maiden Name <i>Johnny White</i>		Mother's Birthplace <i>London</i>			
Name of person giving information <i>Chas R Twilley</i>		How related to deceased <i>Brother-in-law</i>			

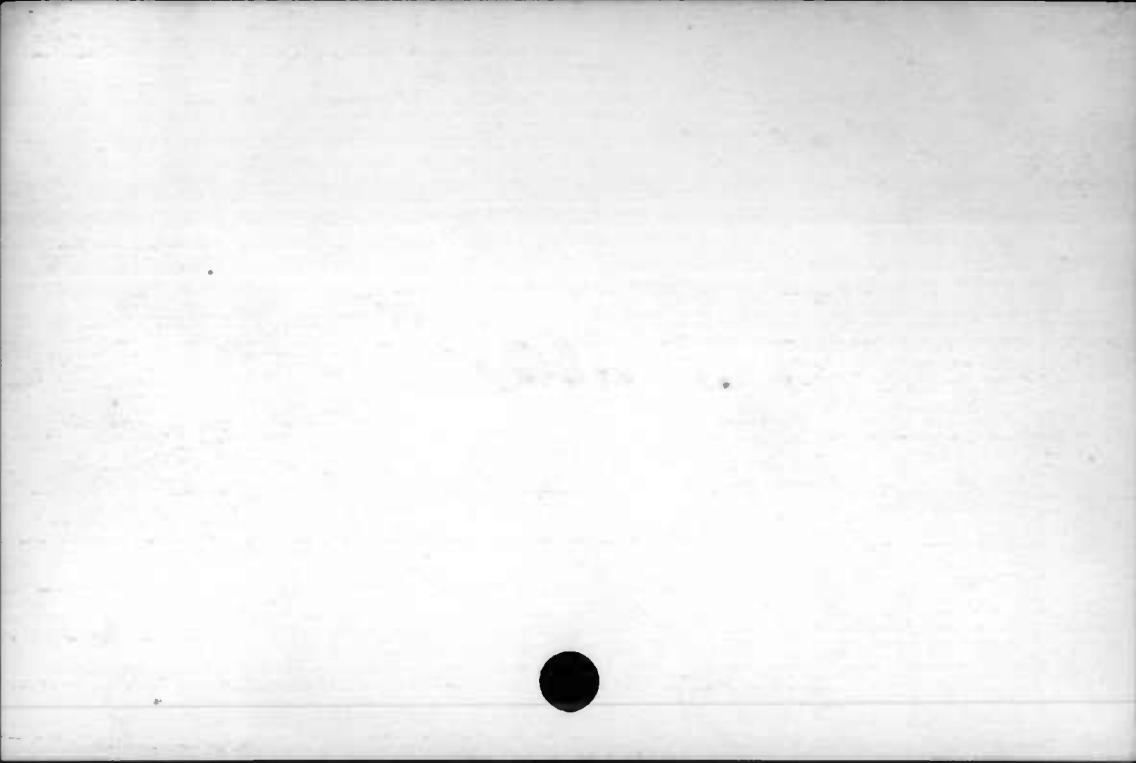
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>		How long <i>18 M</i>	
Immediate <i>Cuttings - T. Whelan - Hunt</i>		How long <i>3 Weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>74</i>		Signature of Physician <i>W. Thomas Haines</i>	
		Address <i>Charleston MD</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rock Hall</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
	Date of death <i>1905</i>	Month <i>June</i>	Day <i>22</i>	Years <i>2</i>	Months <i>5</i> Days	
	Sex <i>males</i>	Color or Race <i>White</i>	Birthplace <i>Boston Mass</i>			
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband				
	Father's Name <i>Fred Meyers</i>	Father's Birthplace <i>Baltimore Md</i>				
	Mother's Maiden Name <i>Iida Schuyler</i>	Mother's Birthplace				
Name of person giving information <i>Mary Watkins</i>			How related to deceased <i>Aunt</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Drowned accident</i>		How long		
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Robert H. Jeyell Jr</i>			
	<i>Yes</i>		Address <i>Acting Coroner Rock Hall Kent Co 114</i>			
	Accident or Suicide?					



Mary Mitchell

Town

County

Died at

Blomfield

Kent

MARYLAND

Date

of death

1905

Month

June

Day

27

Age

Years

68

Months

Days

Sex

female

Color or
Race

Black

Birth-
place

Md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

in known

Father's
BirthplaceMother's
Maiden Name

unknown

Mother's
BirthplaceName of person giving
In formation

John Johnston

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Consumption

How long

3 years

Immediate

Exhaustion

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. W. Wright
Still Paid
Md

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fontana Church

Name
in
Full

Lucracia Pierce

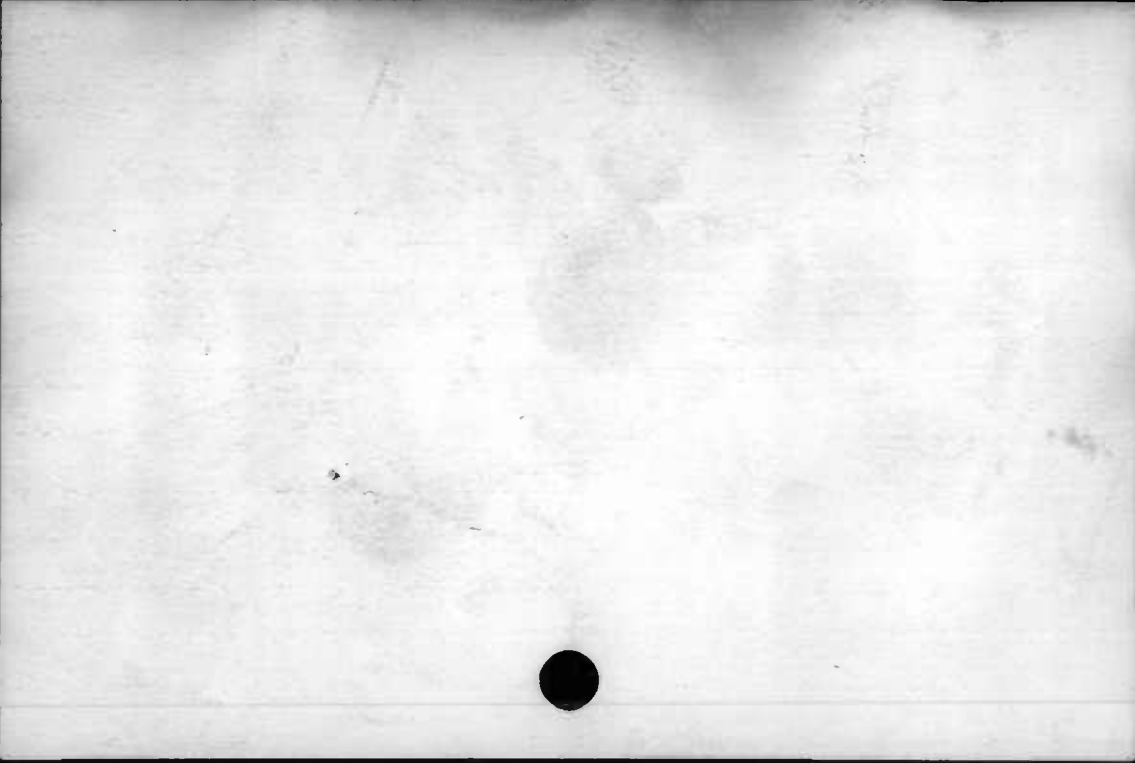
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George town near Fairlee</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1905	Month	June	Day	20
Sex	Female	Color or Race	Black	Years	30
Occupation	Waitress	Birth-place	Kent Co	Months	-
Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband			
Single		Name of Wife or Husband			
Father's Name		Charles Benj' Pierce		Father's Birthplace	
Mother's Maiden Name		Annix Denbury		Mother's Birthplace	
Name of person giving information		Alexander Clarkson		How related to deceased	
				Brother in Law	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	4 mos.?
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. W. Smith	
		Address	
		Fairlee, Md.	
Accident or Suicide?			



Name
in
Full

Margaret Ella. Pours.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Millington

County Kent

MARYLAND Md

Date of death 1905 June

Day 22

Age

~~Years~~~~Months~~

Days

28

Sex Female

Color or
Race

White

Birth-
place

Millington

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James. Pours.

Father's
Birthplace

Md

Mother's
Maiden Name

Maggie Pours

Mother's
Birthplace

Md

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

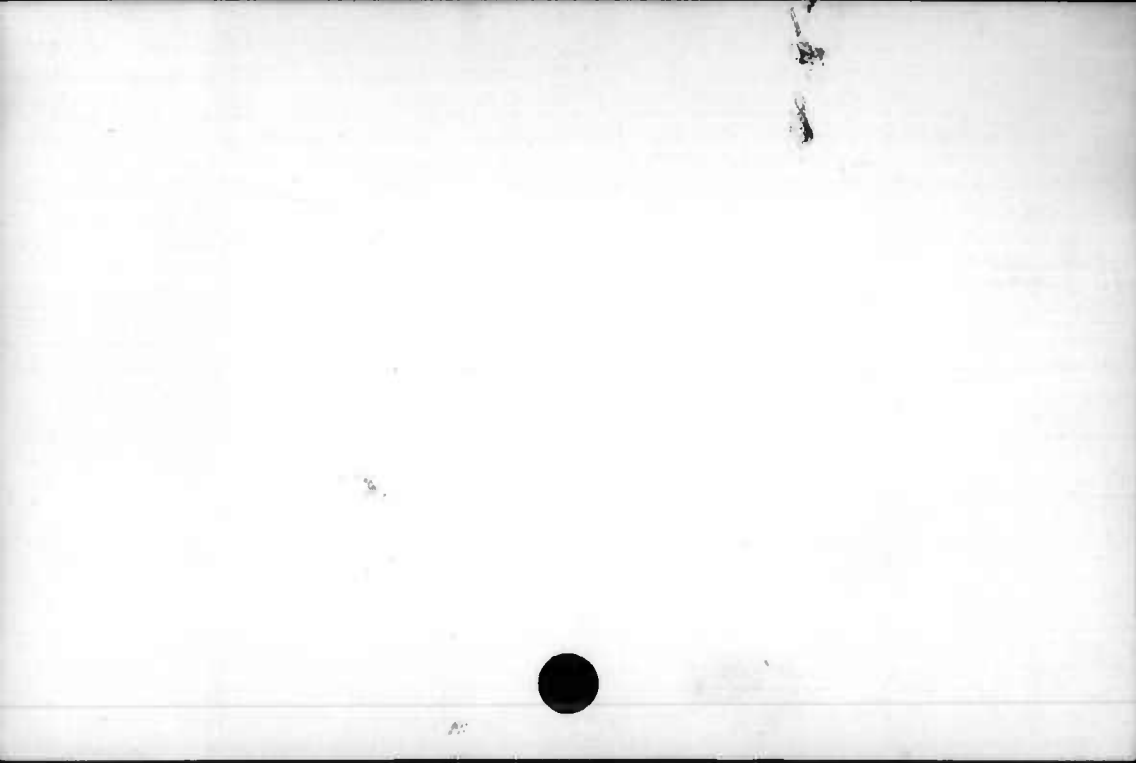
Signature of
Physician

Address

H M Jeter

Millington, Md.

Accident or Suicide?



Name
in
Full

Elmore Robinson

CERTIFICATE OF DEATH

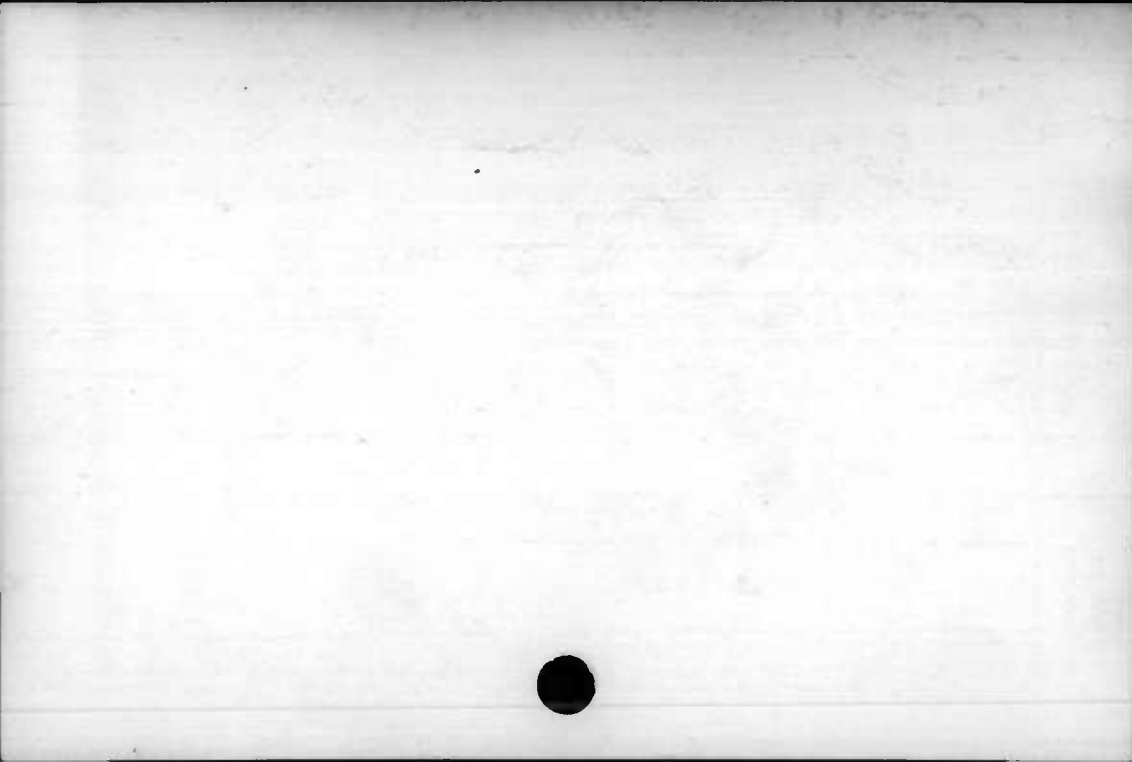
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester</i> Town			County <i>Kent</i>			MARYLAND	
Date of death	1905	Month <i>June</i>	Day <i>18</i>	Age	Years	Months <i>2</i>	Days <i>10</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Chatham, Md</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>no</i>		Name of Wife or Husband				
Father's Name	<i>Wm Edward Robinson</i>					Father's Birthplace	<i>Chatham, Md</i>
Mother's Maiden Name	<i>L. M. B. Boney</i>					Mother's Birthplace	<i>Chatham, Md</i>
Name of person giving information	<i>W. Edward Robinson</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intoxication</i>	How long	<i>1 day</i>
Immediate	<i>Cumulation</i>	How long	<i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. M. B. Boney</i>
		Address	<i>Chester</i>
Accident or Suicide?			



Name
in
Full

Edith Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Groves Creek*

Town

Kent

County

Date

of death *1905 June*

Month

Day

6

Age

Years

Months

X Days*two*

Sex

*Female*Color or
Race*colored*Birth-
place*Groves Creek*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Calayton Rochester*Father's
Birthplace*Kent les md*Mother's
Maiden Name*Lou Bunker*Mother's
Birthplace*" " "*Name of person giving
In formation*Father*How related
to deceased

CAUSES OF DEATH

Primary

*Premature - without armor &
Premature senile Hairlip*

How long

Immediate

Exhaustion.

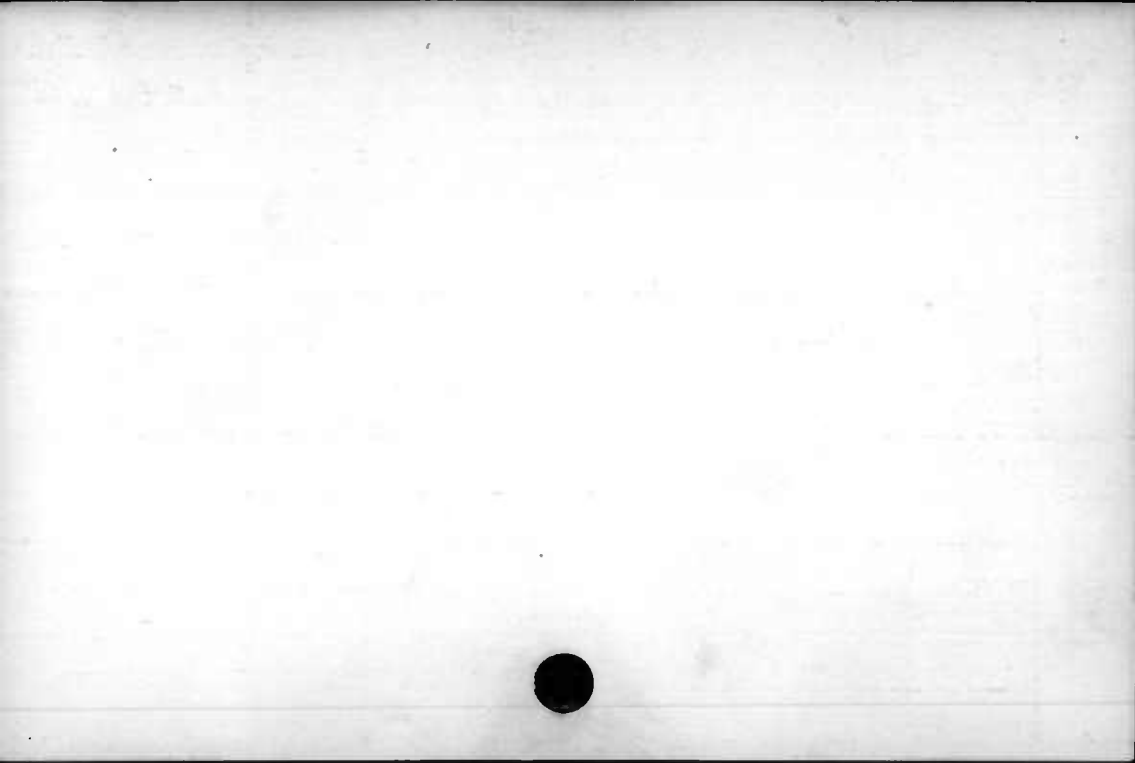
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. H. D. Hall M.D.*

Address

Rock Hall md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Major Scott
Tcwn

County

MARYLAND

Died at Morgue

Date

Month

Day

Years

Months

Days

of death 1905

June

3

Age

—

9

26

Sex

Male

Color or
Race

Colored

Birth-
place

Morgue

Occupation

Infant

Where Residing if not
at place of death

Morgue

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel J. Scott

Father's
Birthplace

Chestertown

Mother's
Maiden Name

Charles Robinson Now Bel

Mother's
Birthplace

Kent Co

Name of person giving
Information

Samuel Scott

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Do not know never saw the child

How long

Don't know

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?so far as
yes knowSignature of
Physician

H. Benge Simmons

Address

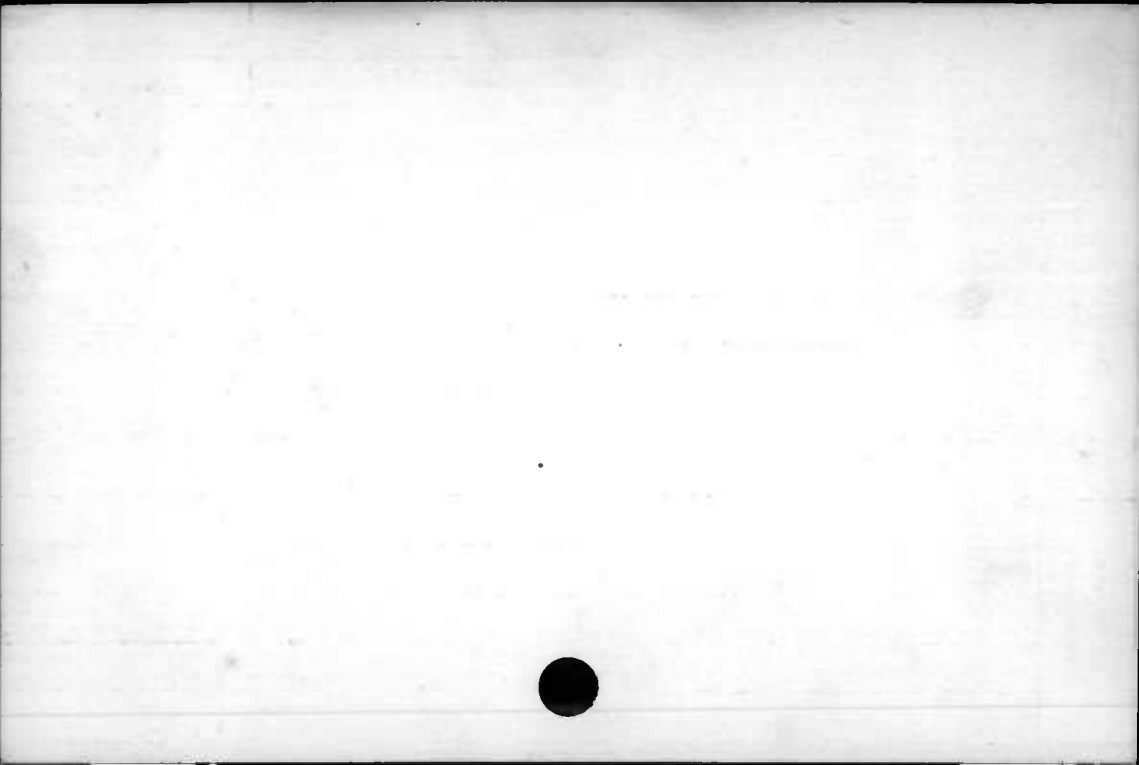
Chestertown Md

Accident or Suicide?

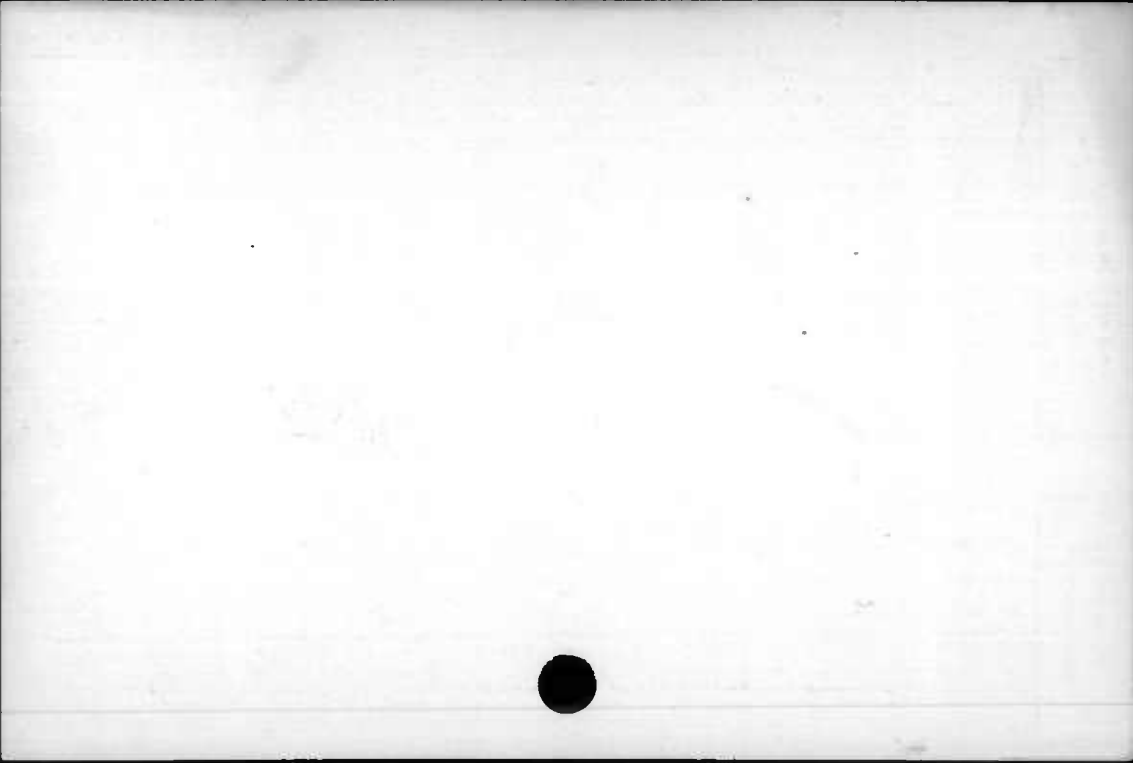
no.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORDNER

J



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Chestertown</u> ^{Town}		<u>Nent</u> ^{County}	
		Date of death <u>1905</u> ^{Month} <u>June</u> ^{Day} <u>29</u>		Age <u>25</u> ^{Years} <u></u> ^{Months} <u></u> ^{Days} <u></u>	
		Sex <u>Female</u>	Color or Race <u>Col</u>	Birth-place <u>MD</u>	
		Occupation <u>Servant</u>		Where Residing if not at place of death	
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
		Father's Name <u>Victor Thomas</u>	Father's Birthplace <u>Va</u>		
		Mother's Maiden Name <u>Eliza Bailey</u>	Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Eliza Thomas</u>		<u>16</u> <input checked="" type="checkbox"/> How related to deceased <u>Mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Cancer, duodenal ulcers</u>		How long	
		<u>Exhaustion</u>		How long	
		Immediate			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Tapers</u>	
				Address <u>Chestertown</u>	
Accident or Suicide? <u>No</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

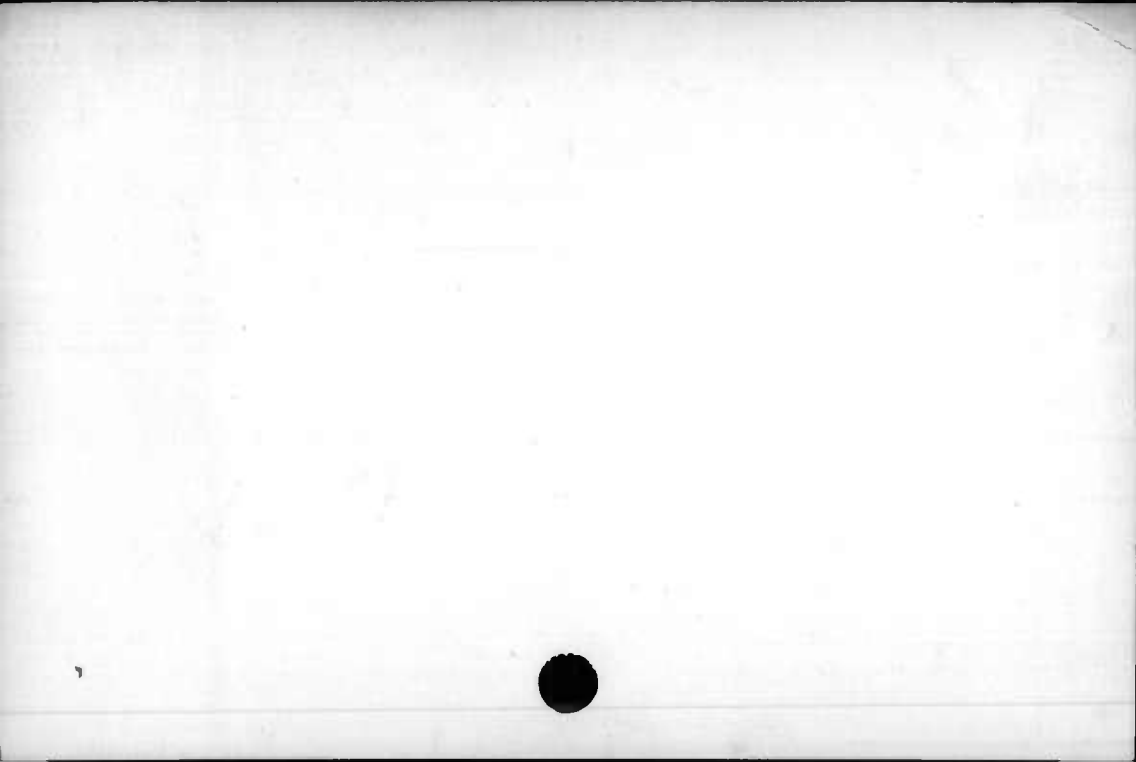
Name in Full <i>Mary Elizabeth Walls</i>		County <i>Bert</i>		State <i>MARYLAND</i>	
Died at <i>Hubilly</i>		City <i>Bert</i>		Days	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>21st</i>	Years <i>70</i>	Months <i>3</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ind.</i>			
Occupation <i>-</i>	Where Residing if not at place of death <i>Indianapolis Ind.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Wall</i>				
Father's Name <i>John M. Carnmore</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Susan J. Carnmore</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Louis Booker</i>	How related to decedent <i>Son</i>				

CAUSES OF DEATH

23

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>17 days</i>
Immediate	<i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Smith M.D.</i>
		Address <i>Indianapolis Ind.</i>
Accident or Suicide? <i>-</i>		



Name in Full		Thomas Bennett Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Edesville		Kent		MARYLAND
	Date of death		1905	Month	June	Day	22
	Age		Years		Months		Days
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Edesville Md
					Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
Father's Name		Thomas Bennett Wilson		Father's Birthplace		Kent Co	
Mother's Maiden Name		Clara Middleton		Mother's Birthplace		Kent Co	
Name of person giving information		Mrs B B Wilson		How related to deceased		Grand Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Petric Contraction. Enlarged Child.				How long
	Immediate		Craniotomy				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
Accident or Suicide?		Frank W. Smith. Fairke					



Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cheslerstown</u>		County <u>Kent</u>	
		Date of death <u>1905</u> <u>June</u> <u>28</u>		Age <u>11</u> Months <u>11</u> Days	
		Sex <u>Female</u>		Color or Race <u>Col</u>	
		Occupation		Birth-place <u>md</u>	
		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband	
		Father's Name <u>Jos Woodland</u>		Father's Birthplace <u>md</u>	
Mother's Maiden Name <u>Mary Woodland</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Mary Woodland</u>		How related to deceased <u>Mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Ileo colitis</u>		How long <u>One week</u>	
		Immediate <u>Convulsions</u>		How long <u>several hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>no</u>		Signature of Physician <u>H. W. W. W.</u>	
				Address <u>Cheslerstown</u>	
		Accident or Suicide? <u>No</u>			

